## UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S)

Gary J. Kovar

**GROUP ART UNIT:** 

APPLN. NO.:

10/085,694

EXAMINER: Leonardo Andújar

FILED:

February 28, 2002

TITLE:

METHOD FOR PROCESSING MULTIPLE SEMICONDUCTOR

**DEVICES FOR TEST** 

#### Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office.

Signature

Pat Thomas
Printed Name of Person Signing Certificate

# **AMENDMENT**

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated March 24, 2004, and Examiner's comments with regard thereto, please enter the following amendments in the above-entitled application, without prejudice or disclaimer.

NO.464

P.1

DOCKET NO. SC11763TH



OFFICIAL

### FAX TRANSMITTAL SHEET

Freescale Semiconductor, Inc.

Law Department 7700 W. Parmer Lane MD: TX32/PL02 Austin, TX 78729

Telephone:

(512) 996-6839

Facsimile:

(512) 996-6854

13

Number of Pages (including this page)

Date:

May 20, 2004

To:

United States Patent and Trademark Office

Location:

Alexandria, VA

Fax No.:

(703) 872-9306

From:

Joanna G. Chiu - 43,629

Subject:

10/085,694 - Gary J. Kovar

NOTICE: This facsimile transmission may contain information that is confidential, privileged, or exempt from disclosure under applicable law. It is intended only for the person to whom it is addressed. Unauthorized use, disclosure, copying or distribution may expose you to legal litability. If you have received this transmission in error, please immediately notify us by telephone (collect) to arrange for return of the documents received and any copies made. Thank you.

#### MESSAGE:

Enclosed herewith, please find a FORMAL AMENDMENT for filing in the below-identified application. If Applicant has overlooked any fees, or if any overpayment has been made, the Commissioner is hereby authorized to credit or debit Deposit 503079, Freescale Semiconductor, Inc.

1. x 1 page Facsimile Cover Sheet     2. x 10 page Amendment     3. x 1 page Fac Facs Facs Facs Facs Facs Facs Facs	ALLITE	MS MA	RKED WITH AN "X" ARE INCLUDED:	
	1.	X	1 page Facsimile Cover Sheet	
3 V. 1 page Eng Transposited in displaces	2.	X	10 page Amendment	
3.   X   1 page ree transmittal in cuplicate	3.	×	1 page Fee Transmittal in duplicate	 

Pald by Deposit Account: 503079, Freescale Semiconductor, Inc. \$86

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING FACSIMILE TRANSMITTED TO THE PATENT AND TRADEMARK OFFICE:

Signature

PLEASE GIVE THESE PAPERS TO:

EXAMINER: Leonardo Andujar GROUP ART UNIT: 2826 SERIAL NO.: 10/085,694 FILED: FEBRUARY 28, 2002

INVENTOR: GARY J. KOVAR

	·				Comp	lete If I	(nown	<u> </u>
FEE	Application Number		10/085,694					
TRANSMITTA	Filing Date		February 28, 2002					
	First Named Invent	tor	Gary J. Kovar					
: Patent fees are subject to ann	ual revision	Examiner Name		Leonardo Andújar			<del></del>	
		Group Art Unit		2826			:	
TOTAL AMOUNT OF PAYMENT	(\$) 86	Attorney Docket No	o.	SC1176	33TK			1
METHOD	OF PAYMENT		J'.			ECAL	CULATION (continued)	<del> </del>
				DDETAN			CULATION (continued)	- <del> </del>
credit any overpayment to:		****		DDITION Large		os. Mail		
Deposit Account Number	503079			Entity		ntity		
Deposil Account Name	Freescale Semicondu	ictor, Inc.	Fee	Fee	Fee	Fee		
Charge Any Additional Fee required und		, .	Code	***	Code	(\$)	Fee Description	
Charge Any Additional Fee required und	873/ CFH 1.15 and 1.17		1051		2051 2052	65 25	Surcharge - late filing fee or ceth	
Applicant claims small entity status. See	37 CFR 1.27		1053	130	1053	130	Surcharge - late Provisional Illing Non-English specification	
•	Total Control		1812	2520	1812	2520	For filing a request for ex parte Reexamination	
2. Payment Enclosed:	<u> </u>		1804	920*	1804	920*	Requesting publication of SIR prior lo . Examiner action	
Check Credit Card	Money Order	Other	1805	1840*	1805	1840"	Requesting publication of SIR after Examiner action	
FEE CAI	CULATION		1251	110 410	2251 2252	55 205	Extension for reply within first month	-
		<del> </del>	1253	930	2253	455	Extension for reply within second month  Extension for reply within third month	
1. BASIC FILING FEE	. •		1254	1450	2254	725	Extension for reply within fourth month	<b>├</b> ─┤.
	•		1255	1970	2255	985	Extension for reply within fifth month	
Large Entity Small Entity Fee Fee Fee Fee			1401 1402	320 320	2401 2402	160 160	Notice of Appeal Filing a brief in support of an appeal	
Code (\$) Code (\$)	Fee P	bla	1403	280	2403	140	Request for oral hearing Petition to institute a public use.	
1001 750 2001 375	Utility filing fee	<b>-</b>	1451 1452	1510 110	. 1451 2452	1510 55	proceeding Petition to revive - unavoidable	
1002 330 2002 165	Design I'lling fae		1453	1300	2453	650	Petition to revive - unintentional	
1003 520 2003 260 1004 750 2004 375	Plant filing fee	]	1601	1300	2501	660	Utility lasue fee (or reissue)	
1005 160 2005 80	Reissue filing fee Provisional (filing fee	*	1502 1503	470 630	2502 2503	235 315	Design issue fee Plant issue fee	
		<u>-</u>	1460	130	1460	180	Patitions to the Commissioner	i
	BTOTAL (1) (S)		1807	50	1807	. 50	Processing fee under 37 CFR 1.17(q)	
2. EXTRA CLAIM FEES			1806	180	1808	180	Submission of IDS	
Previously Pald**	Extra Fee from Claims below	Fee Paki	8021	40	8021	40 -	Recording each patent assignment per property (times number of properties)	
Total Claims 29 - 31 = Independent Claims 4 - 3 =	0 X 18 =	0 86	1809	750	2809	375	Filing a submission after (inst rejection (37 CFR § 1.129(a))	
Multiple Dependent	280 -		1810	760	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))	
Large Entity Small Entity Fee Fee Fee Fee			1801	750	2801	375	Request for Continued Examination	
Code (\$) Code (\$)	Fee Descriptions in excess of 20	on	1802	900	1802	900	(RCE). Request for expedited examination	
1201 84 2201 42 Indep	endeni claims in excess of 3		Other fo	se (specify)			of a design application	<u>.</u>
	ole dependent claim, if not paid ssue independent claims over origi	nat patent						
	sue claims in excess of 20 and over	or original palent						
OR NUMBER PREVIOUSLY PAID, IF GREATER THAN	× 1	' Redu	iced by Ba	sic Filing I	Fee paid	SUBTOTAL (3) (S)		
*For Relastues, see above SUBMITTED BY			-				Complete (if applicable)	
Name (Print/Type) Joanna G.	Chiu		Regist	ration No.	43,62	9	Telephone (512) 996	
	1						relebitoite	
Signature 4.00	mes	· · · · · · · · · · · · · · · · · · ·	·			Date	15 /20/04	لــــــا
./								

FEE TRANSMITTAL Pettent fees are subject to annual revision Examiner Name Group Art Unit    System   Complete if Known   February 28, 2002   Filing Date   February 28, 2002   Filing Date   February 28, 2002   Filing Marie   Complete in Amount of Pettent fees are subject to annual revision   Group Art Unit   2826   Attorney Docket No.   SCHTRSTK   The Commissions hereby substantial to harpe indicated test and containing and	DOCKET NO. SC11763TK							
TRANSMITTAL  Patient lease are subject to annual revision  Examiner Name  Learnardo Andujar  Corup Art Maint  Total Anduror or Parkett  (\$) 86  Altomery Dockel No.  SC11763TK  The Commissions is here authorised to draige inclusive for a condition or annual revision  METHOD OF PAYMENT  1. \(  The Commissions is here authorised to draige inclusive for a condition or annual revision of the graph and annual revision of the graph annual revision of the graph and annual revision of the graph and annual revision of the graph and annual revision of the graph annual revision of the graph and annual revision of the graph and annual revision of the graph and annual revision of the graph annual revision of the graph and annual revision of the graph annual revision of the graph and annual revision of the graph and annual revision of the graph and annual revision of the graph annual revision of the graph and annual rev	Complete if Known							
Petent fees are subject to annual revision  First Name   Leonardo Andújar    Group Art Unit   2828    TOTAL AMOUNT OF PAYMENT   \$13.86   Attorney Docket No.    METHOD OF PAYMENT   FEE CALCULATION (continued)  To Compare of the present of the pres	/ ipplication (talliba)			10/085,694				
Petent fees are subject to annual revision    First Named Inventor	TRANSMITTAL	Filing Date				1		
Patent fees are subject to annual revision  Examiner Name						<del> </del>		
Account Name   FreeScale Semiconductor, Inc.	Patent fees are subject to annual revision					-		
METHOD OF PAYMENT  I. X The Commissioner's hearty authorized chairps indicated less and crosh any overpayment to the property of the property				o Anoujar		<del> </del>		
METHOD OF PAYMENT  1.	TOTAL AMOUNT OF PAYMENT (\$) 86		<del> </del>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	-		
T. X The Contributioner is heavy authorized to charge inclanated near and cools any companyment to:  Deposit Account Name  Freescale Samiconductor, Inc.  Cherge Any Additional Fee expanded under 37 CPR 1.16 and 1.17  Applicant dutine serval entity visuals. See 37 CPR 1.27  Applicant dutine serval entity visuals. See 37 CPR 1.27  Applicant dutine serval entity visuals. See 37 CPR 1.27  Total Charge Any Additional Fee expanded under 37 CPR 1.16 and 1.17  Applicant dutine serval entity visuals. See 37 CPR 1.27  Total Charge Any Additional Fee expanded under 37 CPR 1.16 and 1.17  Applicant dutine serval entity visuals. See 37 CPR 1.27  Total Charge Any Additional Fee expanded under 37 CPR 1.16 and 1.17  Applicant dutine serval entity visuals. See 37 CPR 1.27  Total Charge Any Additional Fee expanded under 37 CPR 1.16 and 1.17  Applicant dutine serval entity visuals. See 37 CPR 1.27  Total Charge Any Additional Fee expanded under 37 CPR 1.16 and 1.17  Applicant dutine serval entity visuals. See 37 CPR 1.27  Total Charge Any Additional Fee expanded under 37 CPR 1.16 and 1.17  Total Charge Any Additional Fee expanded under 37 CPR 1.16 and 1.17  Total Charge Any Additional Fee expanded under 37 CPR 1.16 and 1.17  Total Charge Any Additional Fee expanded under 37 CPR 1.16 and 1.17  Total Charge Any Additional Fee expanded under 37 CPR 1.16 and 1.17  Total Charge Any Additional Fee expanded under 37 CPR 1.16 and 1.17  Total Charge Any Additional Fee expanded under 37 CPR 1.16 and 1.17  Total Charge Any Additional Fee expanded under 37 CPR 1.16 and 1.17  Total Charge Any Additional Fee expanded under 37 CPR 1.16 and 1.17  Total Charge Any Additional Fee expanded under 37 CPR 1.16 and 1.17  Total Charge Any Additional Fee expanded under 37 CPR 1.18 (Any Any Any Any Any Any Any Any Any Any	(4) 00	Attorney Docket No.	SC1176	3TK		-		
Code (in Cod	METHOD OF PAYMENT			FEE CALC	CULATION (continued)			
Deposit Account Name	The Commissioner is hereby authorized to charge indicated fees and	3. /	ADDITIONA	L FEES				
Description   Pressor	credit any overpayment to:	<del></del>			•	, I		
Charge Any Additional Fee required under 37 CFR 1.16 and 1.17   106   130   206   65   Surface - 18 fing hee or cash   106   130   206   65   Surface - 18 fing hee or cash   106   130   206   65   Surface - 18 fing hee or cash   106   130   150	303077							
Charge Any Additions fee required under 37 CFR 1.19 and 1.17   1062   50   2002   25   Surcharge - late \$fing fee or ooth	Freescale Semicondu	ictor, iric.				ţ		
Applicant distine small entity status. See 97 CFR 1.27   1652   50   2002   25   50   1619   2001   1619   2001   1619   2001   1619   2001   1619   2001   1619   2001   1619   2001   1619   2001	Charge Any Additional Fee required under 97 CER 1.18 and 1.17		,,,			ا ہے		
Applicant distinct simple entity stable. See 97 CFR 1.27   1653 1.150 1.050 1.500   1900	X Sample of the state of the st	. 1			· -			
2. Payment Enclosed:	Applicant datins small entity status. See 37 CFR 1.27							
Chack		181	2 2520	1812 2520				
Chack	2. Payment Enclosed:	180	920*	1804 920*	Requesting publication of SIR prior to			
1. BASIC FILING FEE	Check Credit Card Money Order	Cither 180	)5 1840°	1805 1840*	Requesting publication of SIR after			
1. BASIC FILING FEE  Large Entity Small Entity Fee	·	125	1 110	2251 55				
1. BASIC FILING FEE  Large Entity Small Entity Fee	FEE CALCULATION		·	2252 205	Extension for reply within second month			
Large   Enity   Small   Enit	1 BACIO EN INO EEE				Extension for raply within third month			
Large Entity   Small Entity   Fee Fee Fee Fee Fee Fee Fee Fee Fee F	I. DASIC FILING FEE				Extension for reply within tourth month			
Fee   Fee   Fee   Fee   Fee   Code   (3)   Code   (5)   Fee Paid   1402   320   2402   160   Fibrg a brief in support of an appeal   Request for oral heaving   Request for oral heav	Lana Faith Out Faith							
1403   280   2403   140   1451   1510   1510   15					Notice of Appeal Filling a brief in support of an armeal			
1001   750   2001   375   Usilty filing fee   1451   1510   1451   1510   1451   1510   1451   1510   1451   1510   1451   1510   1451   1510   1452   1510   2452   55   Patition for twise - unavoidable   1452   1510   2452   55   Patition for twise - unavoidable   1452   1510   2452   55   Patition for twise - unavoidable   1452   1510   2452   55   Patition for twise - unavoidable   1452   1510   2451   550   Using risuse fee   1502   470   2502   235   Using risuse fee   1502   470   2502   235   Using risuse fee   1502   470   2502   235   Using risuse fee   1503   470   2503   2	Code (\$) Code (\$) Fee i				Request for oral hearing			
1001   750   2001   375   Uility filing les   1452   110   2452   55   Perition to fravive - unavoidable   1002   330   2002   165   Design Bidgle   1453   110   2452   55   Perition to fravive - unavoidable   1003   2004   375   Relissue filing fee   1501   1300   2501   650   Uility Issue fee   1501   1300   2501   650   Uility Issue fee   1503   630   2503   315   Perition to revive - unavoidable   1503   1602   470   2502   255   Design Issue fee   1503   330   1460   130   Perition to the Convrisation of the Convr		145	1510	1451 1510				
1008 520 2003 260 Plant liling lee 1501 1300 2501 850 Utility Issue fee (or reissue) 1501 1300 2501 850 Utility Issue fee (or reissue) 1502 470 2502 255 Data has us fee 1503 830 2503 315 Plant Issue fee (or reissue) 1502 470 2502 255 Data has us fee 1503 830 2503 315 Plant Issue fee (or reissue) 1503 830 2503 315 Plant Issue fee (or reissue) 1502 830 830 830 830 830 830 830 830 830 830	The state of the s			2452 55	Petition to ravive - unavoldable			
1004 750 2004 375   Relssue filting fee   1502 470 2502 285   Desting issue fee   1503 630 2503 315   Plant issue fee   1807 50 1807 50   Processing kee under 37 CFR 1.77(d)								
SUBTOTAL (1) (\$)  2. EXTRA CLAIM FEES  Previously Edra Fee from Claims below Fee Paid 1809 750 2809 375 Filing a submission etips from per ymparty (three number of proporting) Independent Claims 1800 1800 1800 1800 1800 1800 1800 180	1004 750 2004 375 Relsaue filing fee							
SUBTOTAL (1)   (5)   1807   50   1807   50   Processing lee under 37 GFR 1.17(g)   1808   180   1806   180   1806   180   Submission of IDS   1809	1005 160 2005 BO Provisional filing fee			2503 315				
2. EXTRA CLAIM FEES  Previously Edra Fee from below Fee Paid  Total Claims 29 S1 S1 S1 S0 X 18 S0 S21 40 8021 40 Recording each patent assignment per importing (three number of preparities) affiling a cutinitistion after final rejection (37 CFR § 1.129(a))  Multiple Dependent Calims 4 S1 Small Entity  Fee Fee Fee Fee Fee Fee Fee Fee Code (3) Code (3) Fee Description S1 S20	CHRIOTAL AL COL							
Total Claims  29	2 FYTRA CLAIM FEFS							
Total Claims  29						-		
Total clasms  Independent Calms  At 18	Paid* Claims below		, ,,	DOD: 40				
Multiple Dependent    280			9 760	2809 375				
Multiple Dependent  Large Entity Small Entity Fee Fee Fee Fee Fee Fee Fee Code (\$) Code (\$) Fee Description 1202 18 2202 9 Ctains in excess of 20 1201 84 2201 42 Independent claims in excess of 3 1203 280 2203 140 Multiple dependent claims over original patent 1204 84 2204 42 Phesisus independent claims over original patent 1205 18 2205 9 Relissue claims in excess of 20 and over original patent 1206 RUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.  SUBMITTED BY  Name (Print/Type)  Joanna G. Chiu  Registration No. 43,629  Telephone (512) 996-8399			0 750	2810 375		<u></u>		
Fee Fee Fee Fee Fee Code (\$) Code (\$) Fee Description 1202 18 2202 8 Chairs in excess of 20 1201 84 2201 42 Independent claims in excess of 3 1203 280 2203 140 Multiple dependent claims over original patent 1204 84 2204 42 Peissue independent claims over original patent 1205 18 2205 9 Rediscite claims in excess of 20 and over original patent 1206 NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.  **Reduced by Basic Filing Fee paid **SUBTOTAL (3) (\$)  **Complete (if applicable)*  **Name (Print/Type) Joanna G. Chiu Registration No. 43,629 Telephone (512) 996-8339	Multiple Dependent 280 =				examined (37 CFR § 1.129(b))			
Code (\$) Code (\$) Fee Description 1202 18 2202 9 Chairs in excess of 20 1201 18 2202 9 Chairs in excess of 20 1201 18 2202 9 Chairs in excess of 3 1203 280 2203 140 Multiple dependent claims in excess of 3 1204 84 2204 42 * Reissue independent claims over original patent 1205 18 2205 9 *Relactic claims over original patent 1205 18 2205 9 *Relactic claims over original patent 1206 NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.  **Reduced by Basic Filing Fee paid **SUBTOTAL*(3)**  **Port Reissuss, see above  **SUBMITTED BY  **Name (Print/Type)**  **JOANNAME (Print/Type)**  **JOAN		180	1 750	2801 375				
1201 84 2201 42 Independent claims in excess of 3 1208 280 2003 140 Multiple dependent claims in excess of 3 1209 380 2203 140 Multiple dependent claims in excess of 3 1204 84 2204 42 Reissue independent claims over original patent 1205 18 2205 9 Reissue claims in excess of 20 and over original patent  SUBTOTAL (2) (\$) 86  "OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE." For Reissues, see above  SUBMITTED BY  Complete (if applicable)  Name (Print/Type)  Joanna G. Chiu  Registration No. 43,629  Telephone (512) 996-839	1.7	Jon 180	2 900	1802 900	Request for expedited examination			
1204 84 2204 42 * Reissue independent claims over original patent 1205 18 2205 9 *Reissue claims in excess of 20 and over original patent  SUBTOTAL (2) (\$) 86  **COR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.*  **SUBMITTED BY  Complete (if applicable)  Name (Print/Type)  JOanna G. Chiu  Registration No. 43,629  Telephone (512) 998-8339	1201 84 2201 42 Independent claims in excess of 3	Olhe	er fee (specify)		ot a design application	<u> </u>		
1205 18 2205 9 "Relisative claims in excess of 20 and over original patent  SUBTOTAL (2) (\$) 86  "OR NUMBER PREVIously PAID, IF GREATER THAN STANDARD ALLOWANCE." For Reissues, see above  SUBMITTED BY  Complete (if applicable)  Name (Print/Type)  Joanna G. Chiu  Registration No. 43,629  Telephone (512) 996-839		rinal patent		<del></del>	<del></del>	<b>  </b>		
"OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE." For Reissutes, see above  SUBMITTED BY  Name (Print/Type)  Joanna G. Chiu  Registration No. 43,629  Telephone (512) 996-839	1205 18 2205 9 "Reissue claims in excess of 20 and or	ver original patent						
For Reissuss, see above  SUBMITTED BY  Complete (if applicable)  Name (Print/Type)  Joanna G. Chiu  Registration No.   43,629   Telephona   (512) 998-9839	**OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.							
Name (Print/Type) Joanna G. Chiu Registration No. 43,629 Telephona (512) 998-9839	"For Reissues, See above							
la A								
Signature formute Date 5/20/04	Name (Print/Type) Joanna G. Chiu	Reg	istration No.	43,629	Telephone (512) 996-	839		
Usite 10/Celly	Signature / Soc			Date	5/20/04			
			<del>```</del>	Date	10/00/09	}I		